TR-WM-120 (12/15)
Formerly ERS-9658 (03/13)

Wisconsin Department of Agriculture, Trade and Consumer Protection
Bureau of Weights and Measures, Storage Tank Regulation
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FOR OFFICE USE ONLY

Reg Obj. #:

Wis. Admin. Code §ATCP 93.115

CHECKLIST FOR ABOVEGROUND STORAGE TANK INSTALLATION

The information you provide may be used for purposes other than that for which it was originally collected (s.15.04(1)(m) Wis. Stats.)
Complete one form for each tank and related piping.

This checklist covers the installation of: ☐ **Tank** ☐ **Piping**

IDENTIFICATION: (Please Print)

INSTALLATION NAME			COUNTY	
INSTALLATION STREET ADDRESS *(Not PO Box)*		☐ CITY ☐ TOWN ☐ VILLAGE:	STATE	ZIP
OWNER LEGAL NAME	COUNTY	TELEPHONE: ( ) -	E-MAIL ADDRESS	
OWNER STREET ADDRESS		☐ CITY ☐ TOWN ☐ VILLAGE:	STATE	ZIP

PLAN APPROVAL	Installer Verified	Inspector Verified	NA
1. Plans have been approved. State plan number/LPO plan number is: _____	☐	☐	
2. Tank Capacity: _____gallons.			
3. ☐ POS dispensing (include form TR-WM-130) _____ ☐ Vehicle ☐ Marine craft ☐ Aircraft			
TANK CONSTRUCTION			
1. Tank exhibits recognized Listing, API or ASME marking label [ATCP 93.400].	☐	☐	☐
2. Tank has been designed or certified for use by a Qualified Engineer	☐	☐	☐
3. Tank has vents installed and configured for: ☐ Class I, ☐ Class II, ☐ Class III product	☐	☐	☐
4. Emergency relief vent is provided where required. Type:_____	☐	☐	☐
5. All normal and emergency vents terminate outside where required	☐	☐	☐
6. Overfill protection provided? [ATCP 93.410] Make/Model:_____	☐	☐	☐
7. Tank gauge is provided.	☐	☐	☐
8. Tank mounted pump ☐ Remote pump / dispenser independent of tank ☐	☐	☐	☐
TANK HANDLING AND PRE-TESTING			
1. Tank is used and has been tested for leaks. ☐ Pressure ☐ Vacuum ☐ Hydrostatic Length of test: min..	☐	☐	☐
2. Tank was tested after set in place for leakage per the manufacturer's recommendations.	☐	☐	☐
TANK SITE			
1. Tank located per approved plans (walls, buildings, power lines, streets, well, etc.).	☐	☐	☐
2. Tank is spaced a minimum of 3 feet from any other tank. (NFPA 30 Table 22.4.2.1)	☐	☐	☐
3. Tank in diked containment is spaced a minimum of 2 feet from the toe of the dike wall.	☐	☐	☐
4. Tank (s) meet ATCP 93.615 setbacks	☐	☐	☐
5. Tank markings per ATCP 93.400(7)	☐	☐	☐
PROJECT SITE			
1. Collision protection provided.	☐	☐	☐
2. Storage tank enclosure compliant	☐	☐	☐
3. Warning signs posted for dispensing area.	☐	☐	☐
4. 80 B:C rated fire extinguisher provided if motor vehicle fueling & within 100 ft travel distance.	☐	☐	☐
5. NFPA 704 emergency response hazard rating signage provided on tank	☐	☐	☐

PIPING

Pipe construction material: ☐**Fiberglass** ☐**Steel** ☐ **Flexible** ☐ **Other (type):** _____ ☐ **Inspector Verified**

Pipe installation is: ☐ **single wall (aboveground only)** ☐ **double wall**

Piping system is: ☐ Aboveground only ☐ Underground only ☐ Combination of aboveground and underground

Piping system Type: ☐ Pressurized piping with ⇨ ☐ mechanical anti-siphon ☐ Solenoid valve
☐ Suction piping with ⇨ ☐ mechanical anti-siphon ☐ Solenoid valve; ☐ AST Gravity/Head pressure

Piping Catastrophic leak detection method: ☐ Pressurized piping with ⇨ A). ☐ Pump auto shutoff - ELLD B.) ☐ Flow restrictor – MLLD;
Manufacturer/Model:_____

Piping leak detection method: ☐ Aboveground visual ☐ Electronic interstitial monitoring – sump sensor or leak sensing cable
***Manufacturer/Sensor Model*:** _____

Aboveground Pipe:			
1. Coated to inhibit corrosion.	☐	☐	☐
2. Supported and protected against physical damage and stress.	☐	☐	☐
3. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressures of the system (**but not less than 50 p.s.i.)** for 1 hour.	☐	☐	☐
Underground Pipe			
1. Piping is sloped to a sump (min. 1/8 inch per foot).	☐		☐
2. Piping was isolated from the tank and dispenser and air tested at 150% of operating pressure of the system (but not less than 50 psig) for 1 hour prior to backfilling.	☐	☐	☐
3. After backfilling, piping was isolated from the tank and dispenser and precision tested at 110% of operating pressure but not less than 50 psi for 1 hour.	☐	☐	☐
4. Test stations have been installed for monitoring cathodic protection on piping.	☐	☐	☐
5. Approved flexible connectors are installed below dispenser and at aboveground/belowground transition	☐	☐	☐

- CONTINUE ON NEXT PAGE -

		Installer Verified	Inspector Verified	NA
SECONDARY CONTAINMENT				
1.	Tank secondary containment: ☐ Double Wall ☐ Diked ☐ Remote impounding	☐	☐	☐
2.	Dike material: ☐ Concrete ☐ Steel ☐ Engineered clay ☐ Engineered clay with liner ☐ Earthen with Liner ☐ Other: _____	☐	☐	☐
3.	Dike capacity: Weather protected meets 100% ☐ Yes ☐ No Unprotected meets 125% ☐ Yes ☐ No;	☐	☐	☐
4.	Double wall or diked tank has interstitial monitor (visual or electronic) ☐ Yes ☐ No	☐	☐	☐
5.	Motor fuel dispenser has liquid tight sump with a sensor ☐ Yes ☐ Not required	☐	☐	☐
6.	Pipe run is a combination of aboveground and underground pipe ☐ Yes ☐ No Transition sump installed ☐ Yes ☐ No	☐	☐	☐
LIQUID HANDLING, TRANSFER AND USE				
1.	Check valve installed in piping at connection/disconnection for tank vehicle	☐	☐	☐
2.	Tank is provided with minimum 5 gal. spill protection	☐	☐	☐
3.	Dispensing device is listed	☐	☐	☐
4.	Anti-siphon protection with pressure relief.	☐	☐	☐
5.	Shear valve installed in pressure system	☐	☐	☐
6.	Pressure Regulator valve with shear section installed in suction system	☐	☐	☐
7.	Aircraft fueling system provides bonding mechanism between aircraft and fueling equipment	☐	☐	☐
8.	Electric equipment and wiring is installed in accordance with SPS 316 (NFPA 70).	☐		
9.	Emergency shutoff installed for bulk transfers and motor vehicle fueling is clearly identified and accessible per ATCP 93.370 or NFPA 30A 6.7.	☐	☐	☐
10.	Emergency electrical shutoff installed for bulk transfers (ATCP 93.370), identified and accessible			
11.	Where required, listed emergency breakaway, hose and dispensing devices are provided.	☐	☐	☐
12.	Dispensing nozzle at marine service stations shall be auto-closing without hold open device.	☐	☐	☐
13.	Hose length: _____ ft.			

INSTALLER CERTIFICATION

Installation Company Name (print)		Installation Company Mailing Address			City/State/Zip Code
Company Telephone No. ( )	Company Email Address	Certified Installer Name (print)	Installer Certification No.	Certified Installer Name (print)	Installer Certification No.

I certify that the tank system and related components have been installed according to the manufacturer's instructions, conditionally approved plans, and complies with ATCP 93.

Installer Signature: _____ Date Signed: _____

INSPECTOR INFORMATION

Inspection Dates: 1) 2) 3) 4) 5) 6)

Inspection Company Name: _____

Inspector Signature _____ Inspector # _____ Local Operator # _____

Date Signed: _____ Fire department providing coverage: _____ FDID #: _____

COMMENTS:

_____

_____

_____

_____

_____

TANK REGISTRATION FORM TR-WM-118 SIGNED BY THE OWNER MUST BE SUBMITTED WITH EACH INSTALLATION CHECKLIST.